

For BPD or FRB use only:
Customer Name

Customer No.

PD F 0974 E
Department of the Treasury
Bureau of the Public Debt
(Revised October 2001)

**AFFIDAVIT OF FORGERY FOR
UNITED STATES SAVINGS BONDS**

OMB No. 1535-0067

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious or fraudulent claim or statement to the United States is a crime under the laws of the United States.

PRINT IN INK OR TYPE ALL INFORMATION

"Bonds" refers to savings bonds and savings notes.

Mail the completed form to: Bureau of the Public Debt, Office of Investor Services, Parkersburg, WV 26106-1328.

1. _____ (Name) _____ (Social Security No.)
certify that I am the ☐ owner ☐ coowner ☐ beneficiary of the following-described United States Savings Bonds totaling
\$ _____ (face amount), shown to have been redeemed at _____
_____ and the information below is true and complete to the best of my knowledge and belief.

| ISSUE DATE | FACE AMOUNT | SERIAL NUMBER | REGISTRATION |
|------------|-------------|---------------|---|
| | | | (Social security number and names, including middle names or initials, on the bonds) |
| | | | |

- ☐ Check box if additional bonds are described on a continuation sheet attached and made a part of this form.
2. Have you examined the photographs of the above-described bonds and do you certify that the signatures to the requests for payment were forged and were made without your authority? YES ☐ NO ☐
If NO, explain: _____
3. Have you authorized any person to request payment of the bonds, present them for payment, or receive any of their value? YES ☐ NO ☐ If YES, explain: _____
4. Have you received reimbursement because of the loss? YES ☐ NO ☐
If YES, explain: _____
5. Do you know of any person who may have taken the bonds, signed the requests for payment, cashed the bonds, or received any of their value? YES ☐ NO ☐ If YES, explain: _____
6. (a) Where were the bonds kept at the time of loss or theft? _____
(b) What was the location? _____
(Street address, City, State)
(c) Who placed the bonds there? _____ When? _____
(d) Who else had access to the bonds? _____
7. (a) When were the bonds lost or stolen? _____
(b) What were the circumstances of the loss or theft? _____
8. Were any identification documents lost or stolen at the same time? YES ☐ NO ☐
If YES, describe in detail: _____
9. (a) What action, to include the filing of a police report, was taken to recover the bonds? _____
(b) What were the results of that action? _____

Sign the form in ink in the presence of an authorized certifying officer. (See Certification in the instructions.)

Name

(Signature)

(Print Name)

Home Address

(Number and Street or Rural Route)

(Email Address)

(City)

(State)

(ZIP Code)

(Daytime Telephone Number)

I CERTIFY that _____, whose identity is well-known or proved to me, personally appeared before me this _____ day of _____ (Month), _____ (Year) at _____ (City), _____ (State), and signed this form.

(Signature and title of certifying officer)

**(OFFICIAL STAMP
OR SEAL)**

(Street address)

(City)

(State)

(ZIP Code)

My commission expires _____

(For notaries only)

USE OF FORM - This form may be used by the owner, coowner or beneficiary to certify that the signatures were forged to the requests for payment of United States Savings Bonds. **Every question must be answered in detail and all possible information furnished.**

Specific Instructions

- Item 1.** Insert your name and social security number. Check the appropriate block to show whether you are the owner, coowner or beneficiary of the bonds bearing your alleged signature. Insert the total face amount and a complete description of the bonds in the spaces provided.
- Item 2.** Mark the appropriate box to show if the signatures are forgeries and were made without your authorization. If the signatures were made by you or by someone else with your consent, check the "NO" box and explain fully.
- Item 3.** Mark the appropriate box to show if you authorized anyone to take any action concerning the bonds. If "YES", insert that person's name and address and show the extent of authority.
- Item 4.** Mark the appropriate box to show if you have received reimbursement because of the loss. If "YES", state what reimbursement you or anyone on your behalf received from any source. If anything of value has been received, give full details, including the name and address of the person from whom or the organization from which it was received. If you have been promised reimbursement, give the name and address of the person or organization who made the promise and explain clearly why this was done.
- Item 5.** Mark the appropriate box to show whether you have reason to believe any person had any connection with the loss, theft, or forgery of the bonds. If "YES", furnish the name and address of that person and give complete details, to include the person's relationship to you.
- Item 6.** (a) and (b) Describe fully the place where the bonds were kept and show whether they were under lock and key. (If the bonds were mailed to you and never received, state "Not Received" and skip to Item 8.) (c) State who placed the bonds there and the date. (d) Furnish the names and addresses of all persons who had access to the bonds.
- Item 7.** State the date the loss or theft occurred, how it occurred and who discovered the loss or theft.
- Item 8.** Mark the appropriate box to show if any identification documents were also lost or stolen. If "YES", describe the documents, if any, and show whether or not they bore your signature and/or contained your physical description or photograph.
- Item 9.** Explain what was done to recover the bonds, not only by you personally, but by any police, insurance, or similar agencies.

CERTIFICATION

Person Who Signs Form

You must appear before and establish identification to the satisfaction of an authorized certifying officer, a notary public, or other officer authorized by law to administer oaths. Sign the request in the presence of that officer. Authorized certifying officers are available at banking institutions in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530, and Public Debt Series Nos. 3-80 and 2-98.

Certifying Officer

Place an adequate notation on page 2 of this form, or on a separate record, showing exactly how identification was established. An authorized certifying officer must impress or imprint the seal or stamp which is used when certifying requests for payment. A notary public or similar officer must impress his/her official seal and show the expiration date of his/her commission.

SUPPLEMENTAL EVIDENCE - If any person other than the person executing this affidavit had custody of the bonds at the time of loss or theft, or has firsthand knowledge of the circumstances under which the bonds were lost, stolen or forged, that person must furnish an affidavit concerning his knowledge of the loss, theft and/or forgery.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown on the front of this form.**